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## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	
First Inventor	ORAL SEKENDUR
Title	
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(Only for new nonpravision	nal applications ww.ler 37 CFR 1.53(b))	Express Mail Label No.				
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Name		AL DIOLOGO A				
Address City Country	399 W. FULLERTO CHICAGO USA	State IL	Zup Code   60614   773*880 5574			
		20 C   10				
Name (Print/Type)	ORAL SEKENDUR	Registration No (Alto	09 27 01			
Signature			Date 08-27-0			

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Approved for use through 10/31/2902 OMB 0651-0637
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Palent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

(\$)	355	5.00
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Complete if Known					
Application Number					
Filing Date					
First Named Inventor	ORAL SEKENDUR				
Examiner Name					
Group Art Unit					
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METHOD OF PAYMENT			FEE CALCULATION (continued)					
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102 80 262 40 Independ	legt claims in excess of 5	146	/10	246	355	Filing a submission alter final rejection (37 CFR § 1-129(a))	ì	
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Complete (il epplicable) SUBMITTED BY Гонернови 773 880 5574 Registration No (Altonoy/Agerd) ORAL SEKENDUR Name (Prestype) 08-27-01 Dale Signelure

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Application Number TRANSMITTAL Filing Date FORM First Named Inventor ORAL SEKENDUR (to be used for all correspondence after initial filling) Group Art Unit Examiner Name Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (check all that apply) After Allowance Communication Assignment Papers Fee Transmetal Form to Group Appeal Communication to Board (for an Apolication) X Fee Attached Drawing(s) of Appeals and Interferences Appeal Communication to Group Licensing-related Papers Amendment / Reply (Append Notice Bird, Reply Boeti Petition After Final Proprietary Information Fetalon to Convent to a Affidevits/declaration(s) Provisional Application Status Letter Power of Attorney Revocation Change of Gorrespondence Address Other Enclosure(s) (please Extension of Time Request identify below) Terminal Disclaimer Express Abandonment Regues: Request for Refund Information Disclosure Statement ENCLOSED: Certified Copy of Priority 片に「「Y-PATENT APPL. TRANSMITTAL Response to Missing Parts/ CREDIT CARD PAYMENT FOR Incomplete Application Response to Missing Parts DECLARATION FOR UTILITY PATENT APPL under 37 CFR 1 52 or 1 53 **RETURN CARD** SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Fam ORAL SEKENDUR Individual name Signature Date CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient costage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: ORAL SEKENDUR Typed or printed name Signature Date

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08-27-01

IN THE US PATE	ENT AND TM OFFICE			
Appn. No.:	NEW APPLICATION			
Filing Date:	03/15/99			
Applicant:	Sekendur, Oral F.			
Appn. Title:	One Visit Dental Prosthesis			
Examiner:	Mailed 8/27/01			
Group:	Chicago, IL			
Art Unit:				
CONTINUAT	104 IN PART OF APPL # 09/270,896			
Commissioner of	Patents and Trademarks			
Washington, Distr	rict of Columbia 20231			
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below.				
Applicant	Date: 08-27-01			
Oral Sekendur	ENCLOSED: Continuation in Part 19 IT DENTAL Application# 09-270-896 STHESIS - Specification S - Claim S 1-20 - Abstract			
ONE VISIT DENTIFE - Specification S				
TRO	- Claim S 1-20			
	- Fee - Return Card			